



FIDELIS CARE®

[Contact_First] [Contact_Last]
[Contact_Address1]
[Contact_Address2]
[Contact_City], [Contact_State]
[Contact_Zip]

[DATE]

Re: Notice of Proposed Premium Rate Change
[CSCS_DESC] [HIOS_2]

Dear [Contact_First] [Contact_Last]:

Fidelis Care is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2024. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

Proposed Premium Rate Change

Your current monthly premium is: \$ ____.

If approved, the proposed monthly premium is \$ ____.

Please note that while we try to provide you with the most accurate information possible, the final approved rate may differ based on the benefit plan design and other features you select on renewal. Also, the final approved rate may differ because DFS may modify the proposed rate.

Why We Are Requesting a Rate Change

Fidelis Care's rate filing is driven by five primary considerations:

- Adjustment from actual experience to pricing
- Anticipated higher medical and pharmacy costs and greater use of services by our members utilization
- Legislative impacts contingent on a proposed Essential Plan (EP) expansion. If this expansion does not go into effect, the rate increase will be lower.
- Risk Adjustment transfer payment that considers the level of illness of our members
- Changes in the age and gender of those we cover as well as their level of health and wellness

30-day Comment Period

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate change. The comments must be made within 30 days from the date of this notice.

You can contact Fidelis Care for additional information at:

Member Services Department
Fidelis Care
25-01 Jackson Avenue
Long Island City, NY 11101

Comments or requests for more information on the proposed rate change may be submitted to DFS by visiting the DFS Website or via standard mail as follows:

DFS Website:

https://www.dfs.ny.gov/consumers/health_insurance/health_insurance_premiums

United States Postal Service:

NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
One Commerce Plaza
Albany, NY 12257

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer
2. The name of your plan
3. Whether you have individual or group coverage
4. Your HIOS Plan ID number, which is [HIOS_2]

Written comments submitted to DFS will be posted on the DFS website without your personal information.

Plain English Summary of Rate Change

We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

Fidelis Care website: www.fideliscare.org

DFS website: [Insert link to specific page on DFS website]

Notice of Approved Premium Rate

After DFS approves the final premium rate, which may differ from the requested rates noted above, you will receive final rate information at least 60 days before your 2024 renewal date.